



Newington Parks and Recreation

Building a Strong Community

131 Cedar St. Newington, CT 06111

Phone: 860-665-8666

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www.NewingtonCT.gov

Summer Music Registration Form—2016

PRIMARY HOUSEHOLD CONTACT INFORMATION - PLEASE FILL OUT COMPLETELY

Parent First Name _____ Middle Initial ____ Last Name _____ Gender ____ DOB ____/____/____

Street Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Extension _____

Cell Phone (____) _____ Email Address _____

Participant Name _____ Participant Date of Birth _____

Emergency Contact #1 _____ Relationship _____ Phone (____) _____

Emergency Contact #2 _____ Relationship _____ Phone (____) _____

PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from the Summer Music Program located at John Wallace Middle School. If there are any changes to these arrangements, I will give written notice. Parent/guardian must be included on this form.

Parent/Guardian Name: (1) _____ (2) _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please check if applicable: My child is allowed to ☐ **WALK** ☐ **BIKE** to and from the program.

Child's School: _____ Current Grade: ____ Instrument child will play at Summer Music: _____

Instrument Played at Current School: _____ Years of Study: _____

Please circle program:	Beginner: \$95 (Residents)	\$115 (Non-Residents)	Program ID: 2030802-A1
	Advanced: \$95 (Residents)	\$115 (Non-Residents)	Program ID: 2030803-A1
	Advanced PLUS: \$140 (Residents)	\$160 (Non-Residents)	Program ID: 2030804-A1

If participant has special medical concerns, allergies or special needs that we should be aware of, please describe: _____

Supplemental registration forms are available in our office or on our website: www.newingtonct.gov/parksandrec.

READ CAREFULLY AND SIGN BELOW

Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, website, social media, brochures, pamphlets, and/or flyers.

ADULT SIGNATURE: _____

DATE: _____

PAYMENT INFORMATION

Payment Type: ☐ Cash ☐ Check ☐ Credit Card ☐ Debit

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover

Please note that there is a \$10 minimum for all credit card transactions.

Registration Fee Subtotal: \$ _____

"ROUND UP" For Youth Recreation

Rounding up your program fee helps provide financial assistance for those unable to afford the program fees for youth activities. + \$ _____

TOTAL AMOUNT: \$ _____

CREDIT CARD #: _____ EXP. DATE ____ / ____